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AMENDMENT TRANSMITTAL LETTER			DOCKET NUMBER: P-LJ 3650	
SERIAL NO: 09/388,221	FILING DATE: September 1, 1999	EXAMINER: A. Beckerleg	GROUP ART UNIT: 1632	APR 15 2002 TECH CENTER 1600/2800
INVENTION: NOVEL CARD PROTEINS INVOLVED IN CELL DEATH REGULATION				

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TO COMMISSIONER FOR PATENTS

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C., 20231 on March 19, 2002

By: Melanie K. Webster
Melanie K. Webster, Reg. No. 45,201

March 19, 2002
Date of Signature

Transmitted herewith is a Response to the Final Office Action mailed November 23, 2001, with attached Appendix A in the above-identified application.

X Small Entity status of this application has been established under 37 CFR 1.27.

X Petition for Extension of Time is enclosed (in duplicate).

X No additional claims fee is required.

X Exhibits A and B attached.

 An additional claims fee is required and has been calculated as shown below:

CLAIMS AS AMENDED

	NUMBER AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	NUMBER OF EXTRA CLAIMS PRESENTED		RATE		FEE	
					SMALL ENTITY	OTHER ENTITY	SMALL ENTITY	OTHER ENTITY
TOTAL CLAIMS	34	65	0	x	\$9	\$18	= \$0.00	\$
INDEPENDENT CLAIMS	10	14	0	x	\$42	\$84	= \$0.00	\$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		<u> </u> YES	<u>XX</u> NO		\$140	\$280	= \$0.00	\$
					TOTAL ADDITIONAL FEE		\$0.00	\$

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

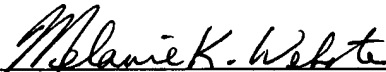
*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 0, write "0" in the space.

 Please charge my Deposit Account No. 03-0370 the amount of \$. A duplicate copy of this sheet is enclosed.

Inventors: John C. Reed
Serial No.: 09/388,221
Filed: September 1, 1999
Page 2

- X A check in the amount of \$580.00 is enclosed, \$135.00 of which covers the fee for the representation of multiple dependent claims and \$445.00 of which covers the fee for a three-month extension of time.
- X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 03-0370. A duplicate copy of this sheet is enclosed.
 - X Any additional filing fees required under 37 C.F.R. 1.16.
 - X Any patent application processing fees under 37 C.F.R. 1.17.
- X The Commissioner is hereby authorized to charge to Deposit Account No. 03-0370 any fees under 37 CFR 1.17 which may be required under 37 CFR 1.136(a)(3) for an extension of time in any concurrent or future reply requiring a petition for extension of time. A duplicate copy of this sheet is enclosed.

Respectfully submitted,



Melanie K. Webster,
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4370 La Jolla Village Drive
7th Floor
San Diego, California 92122
858-535-9001
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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		____ YES	____ XX NO		\$140	\$280	= \$0.00	\$
					TOTAL ADDITIONAL FEE		\$0.00	\$

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Page 2

X A check in the amount of \$55.00 is enclosed which covers the fee for a one-month extension of time.

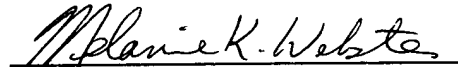
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